FORM G-50 (REV. 1997) STATE OF HAWAII — DEPARTMENT OF TAXATION

DO NOT WRITE IN THIS AREA

GENERAL EXCISE BRANCH LICENSE MAINTENANCE FORM

(New, Change, Or Cancel Branch Activity)

TYPE OR PRINT LEGIBLY	
1. TAXPAYER'S	
(A) GENERAL EXCISE I.D. NO	
2. BRANCH INFORMATION:	
CHECK ONE AND COMPLETE ITEMS INDICATED: 1 New (complete all items in (A) below) 2 Change (complete only items you are changing in (A) 3 Cancel (complete all items in (B) below)	a) below)
(2) Branch C/O Name	
(3) Branch Mailing Address (4) Branch Mailing City/State	Zip Code
(5) Branch Business Address	
(6) Branch Business City/State (7) Branch Business Telephone Number ((8) Date Branch Business Started /	-) /YR
(2) Branch Business Address	7'- 0.4
(3) Branch Business City/State (4) Date Branch Business Cancelled/	Zip Code
***************************************	S & TELEPHONE NUMBERS rrespondence to the nearest district office.)
OAHU DISTRICT OFFICE P.O. Box 1425 Honolulu, HI 96806-1425 Telephone: (808) 587-4242 Toll Free: 1-(800)-222-3229 MAUI DISTRICT OFFICE P.O. Box 1427 Wailuku, HI 96793-6427 Telephone: (808) 984-85	P.O. Box 937 P.O. Box 1687 Hilo, HI 96721-0937 Lihue, HI 96766-5687
THIS SPACE FOR DATE RECEIVED STAMP	The above information is hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this form and understands that an unsigned form will not be accepted.
	SIGNATURE DATE

TITLE (OWNER, PARTNER OR MEMBER, OFFICER)